

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		1				
102		1				
103	1					
104		1				
105		1				
106		1				
107		1				
108		1				
109	1					
110		1				
111		1				
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113	1					
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117	1					
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128	1					
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136		1				
137		1				
138		1				
139		1				
140	1					
141	1					
142	1					
143	1					
144		1				
145		1				
146						
147						
148						
149						
150						
TOTAL IND.	12	↓		↓		↓
TOTAL DEP.	33	←		←		←
TOTAL CLAIMS	45					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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FEE CALCULATION SHEET**
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FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13		1				
14		1				
15		1				
16	1					
17		1				
18		1				
19		1				
20		1				
21		1				
22	1					
23		1				
24		1				
25		1				
26		1				
27		1				
28	1					
29		1				
30		1				
31		1				
32		1				
33	1					
34		1				
35		1				
36		1				
37		1				
38	1					
39		1				
40		1				
41		1				
42		1				
43	1					
44		1				
45		1				
46		1				
47		1				
48		1				
49	1					
50		1				
TOTAL IND.	36					
TOTAL DEP.	109					
TOTAL CLAIMS	145					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53	1					
54		1				
55		1				
56		1				
57	1					
58		1				
59		1				
60		1				
61	1					
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88		1				
89		1				
90	1					
91	1					
92		1				
93		1				
94		1				
95		1				
96		1				
97	1					
98		1				
99		1				
100		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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